EXHIBIT 24

Standard Operating Procedures

—

Corporate Quality & Regulatory Compliance

CardinalHealth

Standard Operating Procedures

TABLE OF CONTENTS

Cardinal Health **CORPORATE QUALITY** **REGULATORY COMPLIANCE MANUAL**	**POLICY NO:** **DEA04.00**
TITLE: Required Reports to DEA	**ISSUE DATE:** 6-15-2006 **PAGE:** 1 of 6
RESPONSIBILITIES:	
APPROVALS: Approved by: _____ Date: 6-15-06 Stephen J. Rearick Vice President, Quality & Regulatory Affairs	

CardinalHealth **CORPORATE QUALITY** **REGULATORY COMPLIANCE MANUAL**	**POLICY NO:** **DEA04.00**
TITLE: Required Reports to DEA	**ISSUE DATE:** **PAGE:** 2 of 6

PURPOSE: To comply with DEA and Cardinal Health, Inc. requirements to report transactions, thefts, drug destructions and suspicious orders to the DEA and DEA ARCOS Unit.

SCOPE: Pharmaceutical Distribution facilities

POLICY:

1.) ARCOS Reports

a.) Each facility who handles controlled substances in Schedule I and II and narcotics in Schedule III must report to the ARCOS Unit as follows:

i.) Annual inventory, taken at close of business December 31.

ii.) Initial inventory, taken on the effective date that a substance becomes reportable.

iii.) Transaction reporting, quarterly or monthly with DEA permission.

b.) Reports shall be submitted within 15 days after the end of the report period.

i.) Send reports by certified or registered mail, return receipt requested to:

Drug Enforcement Administration
ARCOS Unit
P.O. Box 27273
Washington, D.C. 20038-7273

ii.) Send reports via commercial carrier such as Federal Express or United Parcel Service to:

DEA Headquarters
Attn: ARCOS Unit
2401 Jefferson-Davis Highway
Alexandria, VA 22301

c.) For authorization to report ARCOS data from other than a registered location, a central reporting identifier must be obtained from the ARCOS Unit.

Reference: Exhibit EA04.00 Guide To Handling ARCOS Transactions

2.) Order Forms

a.) The facility shall send Copy 2 of the narcotic order form to the local DEA office via registered or certified mail, return receipt requested, or via Federal Express or UPS with a tracking number, at the close of the month during which the order was filled.

b.) For an order filled by partial shipments, Copy 2 shall be forwarded at the close of the month during which the final shipment is made or after the 60-day validity period expires.

3.) Drug Thefts and Losses

a.) The facility must notify by telephone the local DEA field office of any theft or significant loss upon discovery of the theft or loss.

b.) A **Report of Theft or Loss of Controlled Substances, DEA Form 106 (Form FA04.00)** must be completed.

c.) The **DEA Form 106** must be submitted to the local DEA office via registered or certified mail, return receipt requested, within seven (7) days of the incident.

i.) Reporting in-transit losses is the supplier's responsibility.

ii.) The customer must report for shipments for which the facility has a signed receipt.

NOTE: The reporting of inventory variances on DEA Form 106 must be carefully evaluated. Variances which are the result of record keeping or order filling errors need not be reported. Actual discrepancies which are the result of a theft or significant loss must be reported.

Reference: DEA Correspondence May 13, 1999

d.) The completed **DEA Form 106** shall be distributed as follows:

i.) The original and duplicate copies shall be submitted to the local DEA office via registered or certified mail, return receipt requested, within seven (7) days of the incident.

ii.) The facility shall send a copy of the **DEA Form 106** to their state agency via registered or certified mail, return receipt requested, if required. See **Exhibit EB04.00** for State reporting requirements

iii.) A copy and all documents regarding the incident shall be retained on file, at the Cardinal Health facility, in accordance with applicable Federal and State regulations.

iv.) A copy shall be forwarded to the ARCOS recorder at the facility for ARCOS reporting.

v.) A copy shall be included in the month-end packet sent to the Regional Compliance Manager.

e.) ARCOS reportable items filed on **DEA Form 106** must also be reported to ARCOS.

4.) Drug Destructions

a.) If there are controlled substances to be destroyed the facility shall notify the DEA special agent in charge on **Registrant Inventory of Drugs Surrendered, DEA Form 41 (Form FB 04.01)**.

i.) The form shall be completed in triplicate.

ii.) The facility shall follow the instructions from the special agent in charge for how the drug destruction will be handled.

NOTE: It is DEA's policy that if a state agency having jurisdiction over wholesalers has adopted disposal procedures for controlled substances, the wholesaler may follow these procedures in lieu of DEA requirements.

b.) Destruction of ARCOS reportable items filed on **DEA Form 41** must also be submitted to ARCOS.

c.) Unsaleable merchandise may be sent to third party firms for destruction.

i.) The facility must create a Debit Memo to the third-party firm.

ii.) Third-party firm destroys the product and files the **DEA Form 41**.

d.) **DEA Form 41** shall be used for documenting a non-recoverable liquid controlled substance loss when the container accidentally breaks.

i.) Pieces of the broken bottle do not need to be retained as evidence of the accident.

ii) Any loss of an ARCOS reportable item must also be reported to ARCOS using code Y and the local DEA field office's DEA number.

iii) **Do Not Submit the 41 to DEA.**

5.) Suspicious orders

a.) Wholesalers must design and operate a system that will disclose suspicious orders to the wholesaler.

i.) The facility must inform the DEA field office in the area of all suspicious orders.

ii.) Suspicious orders include orders of unusual size, orders deviating from a normal pattern and orders of unusual frequency.

b.) Wholesalers must establish written criteria of what constitutes a suspicious order.

i.) The criteria must be reasonable and based upon customer purchasing patterns.

ii.) Each facility must adhere to the established criteria in monitoring orders.

iii.) Monitoring system may be either computerized or manual.

c.) Each facility shall submit to the local DEA office on a monthly basis, via registered or certified mail, return receipt requested, or via Federal Express or UPS with a tracking number, an Ingredient Limit Report **(Exhibit EC04.00)**.

NOTE: The report is based on a computer program which monitors customer controlled substance purchases for a month and compares these purchases to predetermined averages or limits and if a customer's purchase quantities exceed the established parameters, the customer's activity is printed on the report.

d.) On a daily basis, each facility shall monitor and identify individual orders that appear excessive in relation to what other customers are buying and/or the customer's purchase history.

i.) The facility shall notify the local DEA field office, if possible before the order is shipped.

ii.) A copy of all such orders must be maintained in the facility's suspicious order file.

iii.) A Regulatory Agency Contact Form **(Form FC04.00)** must be completed, noting any specific instructions from the DEA.

e.) Dosage Limit Charts **(Exhibit ED04.00)** must be posted in the cage and vault.

f.) Each location for the products listed on the charts shall be marked with the hospital and retail dosage limits.

EA04.00

CardinalHealth

Guide to Handling ARCOS Transactions

Guide To Handling ARCOS Transactions

Table of Contents

GUIDE TO HANDLING ARCOS TRANSACTIONS

Introduction

The Automation of Reports and Consolidated Orders System (ARCOS) was developed by the DEA to report inventories of selected controlled substances and increases and decreases to these inventories. The selected controlled substances are Class II and III narcotics.

Transactions can be reported electronically via tape or diskette, or manually using ARCOS Form 333. In most divisions, a majority of the ARCOS records are created automatically during the receiving, invoicing and crediting processes. Other records must be created by manually entering the data into the ARCOS Maintenance Menu.

A report of all ARCOS transactions generated by the system is available for review. Depending on the system, this may be daily or monthly. Prior to submission to ARCOS, erroneous transactions can be changed or corrected using the ARCOS Maintenance Menu.

Distributors are required to take an annual inventory of each reportable controlled substance on December 31st and file it with ARCOS no later then January 15th of the following year. Increases and decreases in the inventory of each reportable controlled substance must be reported on a monthly basis and filed with ARCOS no later than the 15th of the month following the end of the reporting period.

For automated reporters, a tape of these transactions is sent to ARCOS, with a hardcopy report maintained at the division for two years. This report is useful when researching errors identified by ARCOS as it contains additional information, including item number and description, invoice number and customer or vendor number. For manual reporters, hand-written transactions are submitted to ARCOS on Form 333. One copy of the form is maintained at the division for two years.

ARCOS 'reads' the tape and generates a report entitled "ARCOS Daily Transactions Processing Error Report." The report will either acknowledge that no errors were found, or will list the transaction records in error, with the error code, description of the error and a correction number. Corrections must be made and the transactions resubmitted. Error reports must be maintained at the division for two years.

All media submitted to ARCOS must have a barcode label attached. Submissions must be made as described below:

ARCOS reports sents via commercial carrier such as Federal Express (FedEx), United Parcel Service (UPS) must be sent to:

DEA Headquarters
Attn: ARCOS Unit
2401 Jefferson-Davis Highway
Alexandria, VA 22301

ARCOS reports sent via the U.S. Postal Service must use the following address:

Drug Enforcement Administration
ARCOS Unit
P.O. Box 27273
Washington, D.C. 20038-7273

Inquiries can be made to the ARCOS Unit at (202) 307-8600.

What to do before sending a report to ARCOS

The Distrack system has a daily report of ARCOS transactions with the ability to make changes, additions and deletions prior to the submission of the transactions to ARCOS. Instructions can be found in the ARCOS Maintenance Section.

In the review process, look for

- DEA numbers that do not fit the typical format (2 letters followed by 7 numbers),
- blank numbers that do not fit the typical format (9 digit number),
- items that are not ARCOS reportable,
- quantities that appear to be excessive or out of the ordinary, and
- inventory adjustments.

Keep in mind that the only transactions that need to be reported to DEA are those that document an actual transfer of product. Records created by inventory adjustments when the product is moved from the live inventory to the morgue inventory do not represent a transfer of product and must be deleted. Credit and rebills for contract/chargeback purposes and dropship billings are two more examples of financial transactions that do not represent the actual transfer of product.

If changes need to be made to an Associate's DEA registration number, the modification should also be made in the Customer or Vendor Master File so that future transactions do not contain the same error.

ARCOS reportable items that are documented as lost-in-transit or stolen on DEA Form 106 or as destroyed on DEA Form 41, need to be reported as transactions to ARCOS. Since forms to the DEA are submitted manually, ARCOS records are not generated by the system and need to be created.

For an item lost-in-transit,

- use the date of the sale,
- the NDC and quantity of the item,
- the associate DEA number as the original sale record,
- a transaction code of X.

For a theft,

- report the date the theft occurred or was identified,
- the NDC and quantity of the item,
- a transaction code of T.
- The associate DEA number must be left blank.

For a destruction of a controlled substance (destroyed at your registered location),

- use the date the destruction occurred,
- the NDC and quantity of the item,
- a transaction code of Y
- the associate DEA number for the regional DEA office.

Product sent to a third-party for destruction is documented as a sale to the company. ARCOS records must be created through the invoicing process using transaction code S. If these activities occurred during a previous month, they should be reported as late transactions using the I code in the Action Indicator column.

ARCOS reportable items that are returned from an unknown source must be documented as an addition to the inventory. This record is not generated by the system and must be created.

For an unsolicited return,

- use the date the product was received at the facility,
- the NDC and quantity of the item,
- a transaction code of V,
- the associate DEA number of UNKNOWN

The following are some sample lines from a report from the Distrack system., with a summary of what it means.

GRR050

THE MUNSTER COMPANY

ARCOS TRANSACTION EDIT REPORT
DAILY TRANSACTIONS CALLED FOR BY SYC593 - END OF DAY PROCESSING
PERIOD ENDING 3/19/98

TRANSACTION YYMM	IDENT.	CDE	DATE	ITEM NUMBER	NDC NUMBER	DESCRIPTION	ASSOC. ID NO.	ASSOC. DEA REG. NO.	BLANK FORM NO.	CORRECTION NUMBER	D C	QTY	BILL-ACCT #	SHIP-ACCT#	INVOICE NUMBER	INVOICE DATE	MFG#	PO#	ADJ	C/M#	SRC
9803	6499	P	3/19/98	181084	00034-0517-25	MS CONTIN CR 100MG 25UD PFC C2	5570	PT0226820	973652612			12	000000	000000	0000000	0/00/00	05570	49623		0000000	52
9803	6503	S	3/19/98	104334	00074-3142-01	NEMBUTAL SOD 18.2MG 480ML C2		UNKNOWN				1	000000	000000	0000000	0/00/00	05000	00000	50	0000000	54
9803	6650	S	3/19/98	148976	59630-0100-04	PROTUSS 120ML GRAPE HOR C3	381914	AB3010763				2	381914	381914	4207012	98/03/19	00000	00000		0000000	51

Field Name	Description	Definition	Function
YYMM	year and month	4 digit code to identify the year and month of the reporting period	reported to ARCOS to identify the reporting period
IDENT	transaction identifier	sequential number assigned by the reporting registrant to each transaction record	reported to ARCOS to identify the transaction
CDE	transaction code	single-character field which identifies each specific ARCOS-reportable activity. The entire list of available codes is on the next page.	reported to ARCOS to identify the activity
DATE	transaction date	the actual date on which the activity occurred	reported to ARCOS to identify the date of the activity
ITEM NUMBER	item number	number assigned by the company to a particular SKU	used by the division for research and identification purposes
NDC NUMBER	National Drug Code number	11-character code that identifies controlled substance products	reported to ARCOS to identify the item
DESCRIPTION	item description	description of the item including size, strength, and finished form	used by the division for research and identification purposes
ASSOC. ID NO.	associate identification number	number assigned by the company to the vendor or customer participating in the transaction	used by the division for research and identification purposes
ASSOC. DEA REG. NO.	associate DEA registration number	9-character field identifying the customer or supplier with which the transaction took place	reported to ARCOS to identify the other party in the transaction
BLANK FORM NO.	narcotic order form (DEA 222) number	9-character field for the number of the order form	reported to ARCOS for CII items
CORRECTION NUMBER	correction number	unique sequential number assigned by ARCOS to an erroneous transaction	reported to ARCOS for reprocessing a corrected transaction
DC	action indicator (formerly the delete indicator)	a single character field which initiates three different ARCOS data base operations	reported to ARCOS when deleting or revising previously submitted and accepted transactions, or when inserting unreported transactions from previous months.

Field Name	Description	Definition	Function
QTY	quantity	numeric field containing the number of packages, weight, or volume being reported	reported to ARCOS to identify the quantity
BILL – ACCT #	Bill-to account number	customer number assigned by the company to the account that was invoiced for the product(s) in this transaction	used by the division for research and identification purposes
SHIP – ACCT #	Ship-to account number	customer number assigned by the company to the account that was delivered the product(s) in this transaction	used by the division for research and identification purposes
INVOICE NUMBER	invoice number	the number assigned to the invoice that reflects the sale to the customer	used by the division for research and identification purposes
INVOICE DATE	invoice date	the date the invoice was created. Usually matches the transaction date.	used by the division for research and identification purposes
MFG #	vendor number	number assigned to the vendor from whom the product was purchased	used by the division for research and identification purposes
PO#	purchase order number	number assigned to the order under which the product was purchased	used by the division for research and identification purposes
ADJ	inventory adjustment code	the code assigned to the adjustment to indicate the disposition of the inventory	used by the division for research and identification purposes
C/M#	credit memo number	the number assigned to the credit memo that reflects the return of the product from the customer	used by the division for research and identification purposes
SRC	source	identifies where the information came from that created the transaction record	used by the division for research and identification purposes

TRANSACTION CODES
(FROM PAGE 5-6 OF THE ARCOS REGISTRANT HANDBOOK)

INVENTORY TRANSACTION CODES

1	SCHEDULE CHANGE INVENTORY
3	YEAR-END INVENTORY
4	YEAR-END IN-PROCESS INVENTORY (MANUFACTURERS ONLY)
5	SPECIAL INVENTORY
8	NO YEAR-END INVENTORY

ACQUISITION TRANSACTION CODES (INCREASES TO INVENTORY)

P	PURCHASE OR RECEIPT
R	RETURN
V	UNSOLICITED RETURN
W	RECOVERED WASTE (MANUFACTURERS ONLY)
M	MANUFACTURED (MANUFACTURERS ONLY)
G	GOVERNMENT SUPPLIED
L	REVERSING (MANUFACTURERS ONLY)
J	RETURN OF SAMPLE TO INVENTORY (MANUFACTURERS ONLY)

DISPOSITION TRANSACTION CODES (DECREASES TO INVENTORY)

S	SALE, DISPOSITION, OR TRANSFER
Y	DESTROYED
T	THEFT
N	NONRECOVERABLE WASTE (MANUFACTURERS ONLY)
U	USED IN PRODUCTION (MANUFACTURERS ONLY)
Z	RECEIPT BY GOVERNMENT (SEIZURES, SAMPLES, ETC.)
Q	SAMPLING (MANUFACTURERS ONLY)
K	USED ON PREPARATIONS (MANUFACTURERS ONLY)

MISCELLANEOUS TRANSACTION CODES

F	REORDER DEA-333 FORMS
X	LOST IN TRANSIT
7	NO ARCOS ACTIVITY FOR THE CURRENT REPORTING PERIOD

What To Do When A Report Is Received From ARCOS:

1. Identify the time period of the errors.
2. Retrieve the monthly report for that time period, to be used as reference.
3. Review the error code and the necessary correction action.
4. Determine if the error needs to be resubmitted. (Is it an ARCOS reportable item? Does the record reflect an actual transfer of product?)
5. Research any information pertinent to the type of error (invoice, receiver, credit memo, narcotic blank, etc.)
6. Create correction transactions in the ARCOS Maintenance Menu of the computer system. These transactions should be made in the current month's tape and not in the month of the original submission.
7. Make any necessary changes to the customer/vendor file or item file that could prevent future errors.

EDIT ERRORS REPORT

DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
A R C O S – 2
DAILY TRANSACTIONS PROCESSING

ERROR REPORT

CARDINAL HEALTH
14601 COUNTY ROAD #212
FINDLAY, OH 45840

ERRORS FOR CONTROL RECORD = = > RM1313666*043098M

RM1313666S 5045800340500000192RD010495998047570704289800000102000009804011749
E77 NDC NUMBER ISN'T ARCOS REPORTABLE. DON'T SUBMIT CORRECTED TRANSACTION.
CORRECTION NUMBER: 00000102

RM1313666P 0000802580100000020 PA30379829621567550407980000010300009804012347
E48 ASSOCIATE REGISTRANT NUMBER IS NOT A VALID DEA REGISTRANT NUMBER
CORRECTION NUMBER: 00000103

Errors for Control Record

RM1313666	SUBMITTING REGISTRANT NUMBER
*	ASTERISK
043098	LAST DATE OF THE REPORTING PERIOD REPORT MEDIA (T=TAPE)
M	REPORTING FREQUENCY (M=MONTHLY)

LINE 1

RM1313666	REPORTING REGISTRANT NUMBER (DIVISION)
S	TRANSACTION CODE
50458003405	NATIONAL DRUG CODE (11 DIGITS)
00000192	QUANTITY (8 DIGITS)
RD0104959	ASSOCIATE REGISTRATION NUMBER (CUSTOMER OR VENDOR)
980475707	DEA ORDER FORM NUMBER (BLANK NUMBER, 9 DIGITS)
042898	TRANSACTION DATE
00000102	CORRECTION NUMBER
00009804	YEAR/MONTH OF REPORT
011749	TRANSACTION IDENTIFIER

LINE 2

E48 ASSOCIATE REGISTRANT NUMBER IS NOT A VALID DEA REGISTRANT NUMBER

LINE 3

CORRECTION NUMBER: 00000102

ERROR CODES
(FROM PAGE 7-5 OF THE ARCOS REGISTRANT HANDBOOK)

E01 REPORTING REGISTRANT NUMBER DOESN'T MATCH THE ONE ON THE CONTROL RECORD
E06 DELETE INDICATOR FIELD MUST BE BLANK OR MUST BE THE LETTERS "A", "D", OR "I"
E07 DELETE INDICATOR FIELD MUST BE BLANK IF A CORRECTION NUMBER IS PRESENT
E12 TRANSACTION DATE CONTAINS AN INVALID MONTH AND/OR AN INVALID DAY
E13 TRANSACTION DATE MUST BE THE LAST DAY OF THE REPORT MONTH OR QUARTER
E14 TRANSACTION CODE REQUIRED A YEAR-END DATE IN THE TRANSACTION DATE FIELD
E15 TRANSACTION DATE IS LATER THAN THE RUN DATE OF THE ARCOS 2 EDIT PROGRAM
E16 TRANSACTION DATE IS NOT WITHIN THE REPORTING REGISTRANTS REPORT PERIOD
E17 TRANSACTION DATE ISN'T WITHIN THE 2 YEAR DATE RANGE OF THE ARCOS SYSTEM
E21 CORRECTION NUMBER ENTERED IN INVALID. IT MUST BE NUMERIC
E22 CORRECTION NUMBER IS NOT IN THE ERROR FILE
E25 THE ARCOS EDIT STILL FOUND ERRORS ON THE CORRECTION TRANSACTION
E28 DATA ENTERED IN THE QUANTITY FIELD IS INVALID. IT MUST BE NUMERIC.
E31 THE UNIT VALUE ENTERED CANNOT BE USED WITH THE ENTERED NDC NUMBER
E32 UNIT VALUE MUST BE BLANK, "D", "K", "1", "2", "3", "4", "5", "6"
E35 STRENGTH MUST BE BLANK FOR BULK FINISHED OR 0001 TO 1000 FOR BULK RAW
E36 STRENGTH IN INVALID. STRENGTH MUST BE BLANK OR NUMERIC
E40 TRANSACTION CODE IS INVALID. SEE THE ARCOS MANUAL FOR VALID CODES.
E41 TRANSACTION CODE IS RESERVED FOR DRUG MANUFACTURERS ONLY
E42 TRANSACTION CODE REQUIRES ASSOCIATE REGISTRANT NUMBER TO BE BLANK
E43 ASSOCIATE REGISTRANT NUMBER REQUIRES TRANSACTION CODE "Y", OR "G", OR "Z"
E44 TRANSACTION CODE CONFLICTS WITH THE NDC NUMBER'S CSA SCHEDULE
E45 TRANSACTION CODE REQUIRES AN ASSOCIATE REGISTRANT NUMBER ENTRY
E46 ASSOCIATE REGISTRANT NUMBER IS INVALID FOR TRANSACTION CODE "Y/G/Z"
E47 ASSOCIATE REGISTRANT NUMBER CAN'T EQUAL REPORTING REGISTRANT NUMBER
E48 ASSOCIATE REGISTRANT NUMBER IS NOT A VALID DEA REGISTRANT NUMBER
E49 ASSOCIATE REGISTRANT NUMBER IS INVALID FOR THE TRANSACTION CODE
E52 THE ORDER FORM NUMBER HAS NOT BEEN CORRECTLY ENTERED
E53 THE ORDER FORM NUMBER IS REQUIRED FOR SCHEDULE 1 & 2 DRUGS
E60 TRANSACTION CODE 1 – AN INVENTORY RECORD ALREADY EXISTS
E61 TRANSACTION CODE 3 OR 8 – YEAR-END INVENTORY AMOUNT ALREADY EXISTS
E75 THE NDC NUMBER IS INVALID, IT CONTAINS ONE OR MORE SPACES
E76 THE NDC NUMBER IS NOT IN THE DRUG FILE
E77 NDC NUMBER ISN'T ARCOS REPORTABLE. DON'T SUBMIT CORRECTED TRANSACTION

ARCOS Transaction Maintenance/AS400

Through the modified ARCOS Transaction Maintenance Menu, changes can be made not only to transactions from the current month, but also transactions to previous months. All of the maintenance must be done in the current reporting period to ensure that changes are added to the current month's tape.

Since transactions can now be from a variety of months (previous or current), the transaction ID will consist of the year/month (YYMM) and sequence number (Seq), as shown on the far left of each transaction.

Screen 1

From the ARCOS File Maintenance Menu, you must select the file type and enter the report reference date, as well as an access path. The file type can either be Monthly (M), Annual (A), or Special (S). A majority of the time, this selection will be M. The report reference date is the last date of the reporting period you have selected. For example, if you want to look at the records for May 1999, then you would enter M and 05311999. Through your selection of an access path, you make the determination of how the transactions are sorted. Entering a 'starting at' value can help to limit your search, but is not required. By leaving that field blank, the search will begin with the lowest value of your selected access path. The options for access path are:

1 = Corporate Item Number
2 = Blank Number
3 = NDC Number
4 = Customer Number
5 = Vendor Number
6 = DEA Number
7 = Sequence Number

Screen 2

After selecting the file type, the reference date, the access path and pressing enter, the next screen is displayed. The columns appearing on the screen are:

Sel = select transaction to update
Seq # = transaction ID
Trans Date = transaction date
Cd = transaction code
Dc = action indicator (only used for late, adjusted, and deleted transactions)
Cst/Vnd = customer or vendor number, depending on which access path was chosen
NDC/Item # = NDC or item number, depending on which access path was chosen
Quantity = transaction quantity
ASS Reg # = Associate registration number (DEA number of the other party involved in this transaction)
Blank # = order form number (required for CII transactions only)

If you choose a 'starting at' value in Screen 1, that equals a valid value for that access path, then that value will be highlighted in all of the transactions where it is included.

You can scroll through transactions with a higher value for the access path, but in order to view transactions with a lower value, you must enter another value into the 'start at' field at the top of the screen and press F8. This 'start at' value is associated with the access path code selected on Screen 1. To select an alternative access path, press F12 to return to Screen 1.

To make a change to a transaction, enter '2' in the 'Sel' column and press enter. This will display the Change/Delete Current window. Changes can be made to any fields that are underlined. After completing the changes, press 'enter' and the transaction will be verified for accuracy and will be updated in the file. This function can be used for any transaction in the current batch including the current month's transactions, as well as any added, late or corrected transactions that have been entered.

To delete a transaction, enter '4' in the 'Sel' column and press 'enter'. This will display the Change/Delete Current window. No information can be entered into this pop-up window. Press F4 to accept the delete. This function can be performed for any transaction that is displayed in the current batch that is not already deleted, this includes the current month's transactions, as well as any added, late or corrected transactions that have been entered. Deleted transactions will be displayed with an 'X' in the Dc column.

To add (current month) transactions, press (F6). This will display the Add Transaction pop-up window will appear requesting the required information. After completing the window, press <enter> and the transaction will be checked for accuracy and a transaction ID will be assigned. This add function can only be used for transactions that have occurred in the current month. Adding transactions from previous months is done using F14.

To add late (previous months) transactions, press (F14). This will display the Late Transaction pop-up window will appear requesting the required information. *You must assign a transaction ID that includes the YYMM of the transaction and an original sequence number.* The YYMM *must* be from a previous month. After completing the window, press <enter> and the transaction will be checked for accuracy and will be added to the batch. Late transactions will be noted with an 'I' in the Dc column. This function can only be used for transactions that have occurred in previous months.

To add corrected (DEA specified) transactions, press (F15). This will display the Correction Transaction pop-up window will appear requesting the required information. These transactions are identified on the ARCOS-2 Error Report. *The correction transaction record must contain 1) all the fields that were correct on the original submission including the original transaction identifier, 2) the corrected field(s), and 3) the correction number.* The YYMM *must* be from a previous month. After completing the window, press <enter> and the transaction will be checked for accuracy and will be added to the batch. Corrected transactions will be noted with a correction number under the Corr# column. This function can only be used for transactions that have been identified as errors by the DEA and must not have occurred in the current month.

To adjust (previous months) transactions, press (F20) This will display the Adjustment, Deletion pop-up window will appear requesting the required information. This is to correct mistakes on previously submitted transactions. Once these are identified, wait until the error report is received from ARCOS. If the transaction appears on the error report, a correction must be made using F15. If the transaction does not appear on the error report and was accepted by ARCOS, an adjustment must be made using F20. The first record created will be coded 'D' in the Dc column. You will then be prompted to adjust the transaction to reflect correct information. The second record will be coded 'A' in the Dc column.

To delete (previous months) transactions, press (F21) This will display the Delete, Previous pop-up window will appear requesting the required information. This is to delete transactions that were previously submitted but should not have been. The record will be coded D in the Dc column.

To unfold the screen, press (F10). This will expand a single transaction to two lines and include the customer name and the item description.

To select all transactions that meet a specified value in an access path, press (F7). This will put a '2' in the 'Sel' column. If the transactions span for more than one page, you must page forward to the last page of the highlighted transactions to select all of these transactions. If you press F7 without first paging forward, you will only select the specified transactions from the first page.

To mass update, press (F5). This will display the Mass Change pop-up window. From this window you have the option to change the NDC, DEA number or Blank number from the first transaction you selected to another value. It is recommended that mass changes only be made to the field that was selected in the access path.

FA04.00

REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration.

Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

OMB APPROVAL
No. 1117-0001

1. Name and Address of Registrant (include ZIP Code)

ZIP CODE

2. Phone No. (Include Area Code)

3. DEA Registration Number
2 ltr. prefix | 7 digit suffix

4. Date of Theft or Loss

5. Principal Business of Registrant (Check one)
1 ☐ Pharmacy
2 ☐ Practitioner
3 ☐ Manufacturer
4 ☐ Hospital/Clinic
5 ☐ Distributor
6 ☐ Methadone Program
7 ☐ Other (Specify)

6. County in which Registrant is located

7. Was Theft reported to Police?
☐ Yes ☐ No

8. Name and Telephone Number of Police Department (Include Area Code)

9. Number of Thefts or Losses Registrant has experienced in the past 24 months

10. Type of Theft or Loss (Check one and complete items below as appropriate)
1 ☐ Night break-in
2 ☐ Armed robbery
3 ☐ Employee pilferage
4 ☐ Customer theft
5 ☐ Other (Explain)
6 ☐ Lost in transit (Complete Item 14)

11. If Armed Robbery, was anyone:
Killed? ☐ No ☐ Yes (How many) _____
Injured? ☐ No ☐ Yes (How many) _____

12. Purchase value to registrant of Controlled Substances taken?
$

13. Were any pharmaceuticals or merchandise taken?
☐ No ☐ Yes (Est. Value)
$

14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:

A. Name of Common Carrier

B. Name of Consignee

C. Consignee's DEA Registration Number

D. Was the carton received by the customer?
☐ Yes ☐ No

E. If received, did it appear to be tampered with?
☐ Yes ☐ No

F. Have you experienced losses in transit from this same carrier in the past?
☐ No ☐ Yes (How Many) _____

15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?

16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers.

17. What security measures have been taken to prevent future thefts or losses?

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: Report theft or loss of Controlled Substances.
ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a ly valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 30 minutes per response , including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM DEA - 106 (11-00) *Previous editions obsolete*

CONTINUE ON REVERSE

FOIA Confidential Treatment Requested By Cardinal

CAH 022124

CONFIDENTIAL

CAH_MDL_PRIORPROD_DEA07_01188430

FORM DEA-106 (Nov. 2000) Pg. 2

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
Examples: Desoxyn	Methamphetamine Hydrochloride	5 mg Tablets	3 x 100
Demerol	Meperidine Hydrochloride	50 mg/ml Vial	5 x 30 ml
Robitussin A-C	Codeine Phosphate	2 mg/cc Liquid	12 Pints
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			

I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature _____ Title _____ Date _____

FOIA Confidential Treatment Requested By Cardinal

CAH 022125

STATE REQUIREMENTS FOR THE REPORTING OF CONTROLLED SUBSTANCE AND PRESCRIPTION DRUG LOSSES

EB 04.00

Note: Only submit reports to the agency in the state in which your facility is located

STATE	REPORTED AGENCY	CONTROLLED SUBSTANCES	PRESCRIPTION DRUGS	CARDINAL FACILITY
ALABAMA	STATE BOARD OF PHARMACY (336) 206-5666	YES	YES	NO
ALASKA	STATE BOARD OF PHARMACY (907) 465-2589	YES	NO	NO
ARIZONA	STATE BOARD OF PHARMACY (623) 463-2727	YES	YES	YES
ARKANSAS	STATE BOARD OF PHARMACY (501) 682-0190	YES	NO	NO
CALIFORNIA	STATE BOARD OF PHARMACY (916) 445-5014	YES	NO	YES
COLORADO	STATE BOARD OF PHARMACY (303) 894-7753	YES	YES	YES
CONNECTICUT	DEPARTMENT OF CONSUMER PROTECTION (860) 703-6078	YES	NO	NO
DELAWARE	STATE BOARD OF PHARMACY (302) 739-4798	YES	NO	NO
FLORIDA	DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES (850) 487-1257	NO	NO	YES
GEORGIA	STATE BOARD OF PHARMACY (478) 207-1686	YES	NO	YES
HAWAII	BUREAU OF NARCOTICS ENFORCEMENT (808) 594-0150	YES	NO	NO
IDAHO	STATE BOARD OF PHARMACY (208) 334-2356	YES	NO	NO
ILLINOIS	DEPT. OF ALCOHOLISM & SUBSTANCE ABUSE (312) 814-6390	YES	NO	YES
INDIANA	STATE BOARD OF PHARMACY (317) 233-4403	NO	NO	NO
IOWA	STATE BOARD OF PHARMACY (512) 281-5944	YES	NO	NO
KANSAS	STATE BOARD OF PHARMACY (316) 694-9066	NO	NO	NO
KENTUCKY	DRUG CONTROL BRANCH CABINET OF HUMAN RESOURCES (502) 564-7985	YES	NO	NO

STATE REQUIREMENTS FOR THE REPORTING OF CONTROLLED SUBSTANCE AND PRESCRIPTION DRUG LOSSES

EB 04.00

STATE	REPORTED AGENCY	CONTROLLED SUBSTANCES	PRESCRIPTION DRUGS	CARDINAL FACILITY
LOUISIANA	STATE BOARD OF PHARMACY (225) 295-8567	NO	NO	NO
MAINE	STATE BOARD OF PHARMACY (207) 624-8603	YES	NO	NO
MARYLAND	CONTROLLED SUBSTANCE DIVISION OF DRUG CONTROL (410) 764-4755	YES	NO	NO
MASSACHUSETTS	DEPT. OF PUBLIC HEALTH (617) 983-6700 & STATE BOARD OF PHARMACY (617) 727-9953	YES	YES	YES
MICHIGAN	HEALTH & REGULATORY DIVISION (517) 373-1737	YES	NO	NO
MINNESOTA	STATE BOARD OF PHARMACY (612) 617-2201	YES	NO	NO
MISSISSIPPI	STATE BOARD OF PHARMACY (601) 354-6750	YES 48 HRS	NO	NO
MISSOURI	STATE BOARD OF PHARMACY (573) 751-0091	YES	NO	YES
MONTANA	STATE BOARD OF PHARMCY (406) 761-5131	NO	NO	NO
NEBRASKA	DEPARTMENT OF HEALTH (402) 471-2118	NO	NO	NO
NEVADA	STATE BOARD OF PHARAMCY (775) 850-1440	YES	NO	NO
NEW HAMPSHIRE	STATE BOARD OF PHARMACY (603) 271-2350	YES	NO	NO
NEW JERSEY	DEPT. OF DRUG CONTROL (973) 504-6359	YES	NO	YES
NEW MEXICO	STATE BOARD OF PHARMCY (505) 841-9102	YES	NO	YES
NEW YORK	NY BOARD OF HEALTH BUREAU OF CONTROLLED SUBSTANCES (518) 402-0707	YES CALL REQUEST FORM	NO	YES
NORTH CAROLINA	STATE BOARD OF PHARMCY (919) 942-4454	YES	NO	YES
NORTH DAKOTA	STATE BOARD OF PHARMACY (701) 328-9535	YES	NO	NO
OHIO	STATE BOARD OF PHARMACY (614) 466-4143	YES CALL 106	NO	YES

STATE REQUIREMENTS FOR THE REPORTING OF CONTROLLED SUBSTANCE AND PRESCRIPTION DRUG LOSSES

EB 04.00

STATE	REPORTED AGENCY	CONTROLLED SUBSTANCES	PRESCRIPTION DRUGS	CARDINAL FACILITY
OKLAHOMA	STATE BOARD OF PHARMACY (405) 521-3815 & BUREAU OF NARCOTICS & DRUG ABUSE SERVICES (405) 521-2885	YES	NO	N0
OREGON	STATE BOARD OF PHARMACY (503) 731-4032	YES	YES	NO
PENNSYLVANIA	STATE BOARD OF PHARMACY (717) 712-2029	YES	NO	YES
RHODE ISLAND	COMPLIANCE AND REGULATORY SECTION (401) 222-2837	YES	NO	NO
SOUTH CAROLINA	DEPT.OF HEALTH BUREAU OF DRUG CONTROLL (803) 935-7815	YES	NO	NO
SOUTH DAKOTA	DIVISION OF REGISTRATION&QUALITY INSPECTIONS (605) 773-4520	YES	YES	NO
TENNESSEE	STATE BOARD OF PHARMACY (615) 741-2718	YES	NO	YES
TEXAS	STATE BOARD OF PHARMACY (512) 305-8000	YES	NO	YES
UTAH	DIVISION OF PROFESSIONAL LICENSING (801) 530-6721	YES	YES	YES
VERMONT	STATE BOARD OF PHARMACY (802) 828-2875	YES	NO	NO
VIRGINIA	STATE BOARD OF PHARMACY (804) 662-9919	NO	NO	NO
WASHINGTON	STATE BOARD OF PHARMACY (360) 236-4825	YES	NO	YES
WEST VIRGINIA	STATE BOARD OF PHARMACY (304) 558-0058	YES	NO	YES
WISCONSIN	WISCONSIN DEPT. OF REGULATIONS & LICENSING (608) 266-2815	YES	NO	YES
WYOMING	STATE BOARD OF PHARMACY (307) 234-0294	YES	NO	NO

STATE REQUIREMENTS FOR THE REPORTING OF CONTROLLED SUBSTANCE AND PRESCRIPTION DRUG LOSSES

EB 04.00

Note: Only submit reports to the agency in the state in which your facility is located

STATE	REPORTED AGENCY	CONTROLLED SUBSTANCES	PRESCRIPTION DRUGS	CARDINAL FACILITY
ALABAMA	STATE BOARD OF PHARMACY (336) 206-5666	YES	YES	NO
ALASKA	STATE BOARD OF PHARMACY (907) 465-2589	YES	NO	NO
ARIZONA	STATE BOARD OF PHARMACY (623) 463-2727	YES	YES	YES
ARKANSAS	STATE BOARD OF PHARMACY (501) 682-0190	YES	NO	NO
CALIFORNIA	STATE BOARD OF PHARMACY (916) 445-5014	YES	NO	YES
COLORADO	STATE BOARD OF PHARMACY (303) 894-7753	YES	YES	YES
CONNECTICUT	DEPARTMENT OF CONSUMER PROTECTION (860) 703-6078	YES	NO	NO
DELAWARE	STATE BOARD OF PHARMACY (302) 739-4798	YES	NO	NO
FLORIDA	DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES (850) 487-1257	NO	NO	YES
GEORGIA	STATE BOARD OF PHARMACY (478) 207-1686	YES	NO	YES
HAWAII	BUREAU OF NARCOTICS ENFORCEMENT (808) 594-0150	YES	NO	NO
IDAHO	STATE BOARD OF PHARMACY (208) 334-2356	YES	NO	NO
ILLINOIS	DEPT. OF ALCOHOLISM & SUBSTANCE ABUSE (312) 814-6390	YES	NO	YES
INDIANA	STATE BOARD OF PHARMACY (317) 233-4403	NO	NO	NO
IOWA	STATE BOARD OF PHARMACY (512) 281-5944	YES	NO	NO
KANSAS	STATE BOARD OF PHARMACY (316) 694-9066	NO	NO	NO
KENTUCKY	DRUG CONTROL BRANCH CABINET OF HUMAN RESOURCES (502) 564-7985	YES	NO	NO

STATE REQUIREMENTS FOR THE REPORTING OF CONTROLLED SUBSTANCE AND PRESCRIPTION DRUG LOSSES

EB 04.00

STATE	REPORTED AGENCY	CONTROLLED SUBSTANCES	PRESCRIPTION DRUGS	CARDINAL FACILITY
LOUISIANA	STATE BOARD OF PHARMACY (225) 295-8567	NO	NO	NO
MAINE	STATE BOARD OF PHARMACY (207) 624-8603	YES	NO	NO
MARYLAND	CONTROLLED SUBSTANCE DIVISION OF DRUG CONTROL (410) 764-4755	YES	NO	NO
MASSACHUSETTS	DEPT. OF PUBLIC HEALTH (617) 983-6700 & STATE BOARD OF PHARMACY (617) 727-9953	YES	YES	YES
MICHIGAN	HEALTH & REGULATORY DIVISION (517) 373-1737	YES	NO	NO
MINNESOTA	STATE BOARD OF PHARMACY (612) 617-2201	YES	NO	NO
MISSISSIPPI	STATE BOARD OF PHARMACY (601) 354-6750	YES 48 HRS	NO	NO
MISSOURI	STATE BOARD OF PHARMACY (573) 751-0091	YES	NO	YES
MONTANA	STATE BOARD OF PHARMCY (406) 761-5131	NO	NO	NO
NEBRASKA	DEPARTMENT OF HEALTH (402) 471-2118	NO	NO	NO
NEVADA	STATE BOARD OF PHARAMCY (775) 850-1440	YES	NO	NO
NEW HAMPSHIRE	STATE BOARD OF PHARMACY (603) 271-2350	YES	NO	NO
NEW JERSEY	DEPT. OF DRUG CONTROL (973) 504-6359	YES	NO	YES
NEW MEXICO	STATE BOARD OF PHARMCY (505) 841-9102	YES	NO	YES
NEW YORK	NY BOARD OF HEALTH BUREAU OF CONTROLLED SUBSTANCES (518) 402-0707	YES CALL REQUEST FORM	NO	YES
NORTH CAROLINA	STATE BOARD OF PHARMCY (919) 942-4454	YES	NO	YES
NORTH DAKOTA	STATE BOARD OF PHARMACY (701) 328-9535	YES	NO	NO
OHIO	STATE BOARD OF PHARMACY (614) 466-4143	YES CALL 106	NO	YES

FB04.01

OMB Approval No. 1117 - 0007

U. S. Department of Justice / Drug Enforcement Administration

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE NO.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below.)*

Signature of applicant or authorized agent

Registrant's DEA Number

Registrant's Telephone Number

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse (page 2) of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1,2,3, and 4 ONLY.	Number of Containers	CONTENTS *(Number of grams, tablets, ounces or other units per container)*	Controlled Substance Content, *(Each Unit)*	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
15						
16						

FORM DEA-41 (9-01) Previous edition dated 6-86 is usable. *See instructions on reverse (page 2) of form.*

FOIA Confidential Treatment Requested By Cardinal

CAH 022131

CONFIDENTIAL

CAH_MDL_PRIORPROD_DEA07_01188437

STATE REQUIREMENTS FOR THE REPORTING OF CONTROLLED SUBSTANCE AND PRESCRIPTION DRUG LOSSES

EB 04.00

STATE	REPORTED AGENCY	CONTROLLED SUBSTANCES	PRESCRIPTION DRUGS	CARDINAL FACILITY
OKLAHOMA	STATE BOARD OF PHARMACY (405) 521-3815 & BUREAU OF NARCOTICS & DRUG ABUSE SERVICES (405) 521-2885	YES	NO	N0
OREGON	STATE BOARD OF PHARMACY (503) 731-4032	YES	YES	NO
PENNSYLVANIA	STATE BOARD OF PHARMACY (717) 712-2029	YES	NO	YES
RHODE ISLAND	COMPLIANCE AND REGULATORY SECTION (401) 222-2837	YES	NO	NO
SOUTH CAROLINA	DEPT.OF HEALTH BUREAU OF DRUG CONTROLL (803) 935-7815	YES	NO	NO
SOUTH DAKOTA	DIVISION OF REGISTRATION&QUALITY INSPECTIONS (605) 773-4520	YES	YES	NO
TENNESSEE	STATE BOARD OF PHARMACY (615) 741-2718	YES	NO	YES
TEXAS	STATE BOARD OF PHARMACY (512) 305-8000	YES	NO	YES
UTAH	DIVISION OF PROFESSIONAL LICENSING (801) 530-6721	YES	YES	YES
VERMONT	STATE BOARD OF PHARMACY (802) 828-2875	YES	NO	NO
VIRGINIA	STATE BOARD OF PHARMACY (804) 662-9919	NO	NO	NO
WASHINGTON	STATE BOARD OF PHARMACY (360) 236-4825	YES	NO	YES
WEST VIRGINIA	STATE BOARD OF PHARMACY (304) 558-0058	YES	NO	YES
WISCONSIN	WISCONSIN DEPT. OF REGULATIONS & LICENSING (608) 266-2815	YES	NO	YES
WYOMING	STATE BOARD OF PHARMACY (307) 234-0294	YES	NO	NO

FB04.01

OMB Approval No. 1117 - 0007

U. S. Department of Justice / Drug Enforcement Administration

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE NO.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below.)*

Signature of applicant or authorized agent

Registrant's DEA Number

Registrant's Telephone Number

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse (page 2) of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1,2,3, and 4 ONLY.	Number of Containers	CONTENTS *(Number of grams, tablets, ounces or other units per container)*	Controlled Substance Content, *(Each Unit)*	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
15						
16						

FORM DEA-41 (9-01) Previous edition dated 6-86 is usable. *See instructions on reverse (page 2) of form.*

FOIA Confidential Treatment Requested By Cardinal

CAH 022133

Excessive Purchases
Schedule II

ED04.00

Product	Strength	Dosage Limit Hospital	Dosage Limit Retail
Codeine Sulf	All	800 Tabs	400 tabs
Dextroamphetamine (Dexedrine, Dextrastat)	All	700 Tabs/Spans	800 Tabs/Spans
Desoxyn	All	300 Tabs/Grad	500 Tabs/Grad
Hydromorphone	All	900 Tabs	500 Tabs
Methadone (Dolophine)	All	2000 Tabs	700 Tabs
Meperidine (Demerol, Meprozine, Mepergan Fortis)	All	600 Tabs	400 Tabs
Methlyphenidate (Ritalin)	All	800 Tabs	800 Tabs
Morphine Sulfate (MS Contin, MSIR, Oramorph)	All	600 Tabs	500 Tabs
Oxycodone/Acet (Tylox, Roxilox, Roxicet, Percocet, Endocet)	All	3800 Tabs/Caps	1200 Tabs/Caps
Oxycodone/Asa (Percodan, Endodan, Roxiprin)	All	500 Tabs	500 Tabs
Oxycodone (Oxcontin, Roxicodone)	All	800 Tabs	600 Tabs

Excessive Purchases
Schedule III, IV, V

ED04.00

Product	Strength	Dosage Limit	
		Hospital	Retail
Acetamenophen w/Cod (Tylenol w/Cod, Phenaphen)	All	1400 Tabs	1300 Tabs
Alprazolam (Xanax)	All	1400 Tabs	2500 Tabs
Butalbital Compound (Florinal w/Cod, Fiortal,	All	500 Tabs/Caps	500 Tabs/Caps
Aspirin w/Cod	All	300 Tabs	400 Tabs
Clorazephate (Klonopin)	All	1000 Tabs	800 Tabs
Clorazephate (Tranxene)	All	700 Tabs	1300 Tabs
Diazepam (Valium)	All	1000 Tabs	2500 Tabs
Dexfenfluramine (Redux)	All	400 Caps	500 Caps
Diphenoxylt/Atropine (Lomotil, Lonox)	All	1600 Tabs	7500 Tabs
Dronabinol (Marinol)	All	300 Tabs	400 Tabs
Fenfluramine HCL (Pondimin)	All	800 Tabs	1700 Tabs
Hydrocodone (Anexsia, Dolaset, Hydrocet, Hycodan, Hyphen, Lorcet, Lortab, Zydone, Vicodin)	All	1200 Tabs/Caps	800 Tabs/Caps
Lorazepam (Ativan)	All	1200 Tabs	2400 Tabs
Meprobamate (Miltown, Equanil)	All	600 Tabs	1400 Tabs
Phentermine (Ionamin, Fastin, Adipex-P)	All	600 Tabs	1100 Tabs
Pentazoline (Talwin, Talacen)	All	700 Tabs	700 Tabs
Propoxyphene (Darvon, Darvocet, Propacet)	All	1100 Tabs	1900 Tabs
Temazepam (Restoril)	All	700 Caps	800 Tabs

FOIA Confidential Treatment Requested By Cardinal

CAH 022135

FC04.00

CardinalHealth

REGULATORY AGENCY CONTACT FORM

1. _____ _____/_____
   Division Name Date Time

2. **Contact was made with:**
   - ❑ DEA Representative
   - ❑ State Board of Pharmacy Representative
   - ❑ FDA Representative
   - ❑ Other _____ (Please indicate agency)

3. **Contact was made by:**
   - ❑ Telephone
   - ❑ Visit at Division
   - ❑ Visit at Agency

4. **Contact initiated by:**
   - ❑ Division
   - ❑ Agency

5. **NAME, ADDRESS, AND TELEPHONE NUMBER OF REPRESENTATIVE**

   _____
   (Name) (Title)

   _____
   (Address) (Office working out of)

   _____
   (City) (State) (Zip)

6. **PURPOSE OF CONTACT (AUDIT, REQUESTING INFORMATION (include DEA's response), REPORTING SUSPICIOUS ORDERS, EXCESSIVE PURCHASES, ETC.)**

   _____
   _____
   _____
   _____
   _____

7. **IF INFORMATION OR RECORDS WERE PROVIDED, COMPLETE THE FOLLOWING:**
   - Information Sent: _____
   - Delivery Method: _____
   - Sent/Delivered By: _____

8. **FOLLOW-UP REQUIRED?** ❑ Yes ❑ No

9. **NAME OF EMPLOYEE COMPLETING THIS FORM:** _____

_____ _____
(Date) (Signed)

WHITE - Division YELLOW - Corporate Compliance

DUB 1301
Rev. 02/03

FOIA Confidential Treatment Requested By Cardinal

CAH 022136

CONFIDENTIAL

CAH_MDL_PRIORPROD_DEA07_01188442

DEA-41 (6/1986) Pg. 2

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1,2,3, and 4 ONLY.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
17						
18						
19						
20						
21						
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____packages purporting to contain the drugs listed on this inventory and have been: ** (1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ DESTROYED BY: _____

** *Strike out lines not applicable.*

WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3; e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.
ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, FOI and Records Management Section, Washington, D.C. 20537; and to the Office of Management and Budget, Paperwork Reduction Project no. 1117-0007, Washington, D.C. 20503.